



LABORATORY ANALYTICAL REPORT

Prepared by Billings, MT Branch

Client: Fort Smith Water and Sewer Dist
Project: MT0004765
Client Sample ID: S6
PWS ID: MT0004765 **Facility ID:** DS001 **Sample Point ID:** SP001
Facility Name: FORT SMITH WATER AND SEWER DISTRICT
Lab ID: B23090695-001A

Report Date: 09/13/23
Collection Date: 09/11/23 09:25
Received Date: 09/11/23 11:35
Matrix: Drinking Water
Sampled By: Josh McCraw

Compliance Sample: YES **Sample Type:** RT **Residual Chlorine (Field):** 0.21 **Res Cl Type:** Unspecified

| Analyses | Result | Units | Safe/Unsafe | Qualifier | Method | Analysis Date / By |
|------------------------|--------|-----------|-------------|-----------|---------|----------------------|
| MICROBIOLOGICAL | | | | | | |
| 3100 Coliform, Total | Absent | per 100ml | SAFE | | A9223 B | 09/11/23 12:48 / spb |
| 3014 Coliform, E-Coli | Absent | per 100ml | | | A9223 B | 09/11/23 12:48 / spb |

Comments: The notation "SAFE" indicates that the water was bacteriologically SAFE when sampled.
The notation "UNSAFE" indicates that the water was bacteriologically UNSAFE when sampled.

Qualifiers:



Work Order Receipt Checklist

Fort Smith Water and Sewer Dist

B23090695

Login completed by: Addison A. Gilbert

Date Received: 9/11/2023

Reviewed by: kclark

Received by: aag

Reviewed Date: 9/13/2023

Carrier name: Hand Deliver

- Shipping container/cooler in good condition? Yes No Not Present
- Custody seals intact on all shipping container(s)/cooler(s)? Yes No Not Present
- Custody seals intact on all sample bottles? Yes No Not Present
- Chain of custody present? Yes No
- Chain of custody signed when relinquished and received? Yes No
- Chain of custody agrees with sample labels? Yes No
- Samples in proper container/bottle? Yes No
- Sample containers intact? Yes No
- Sufficient sample volume for indicated test? Yes No
- All samples received within holding time?
(Exclude analyses that are considered field parameters such as pH, DO, Res Cl, Sulfite, Ferrous Iron, etc.) Yes No
- Temp Blank received in all shipping container(s)/cooler(s)? Yes No Not Applicable
- Container/Temp Blank temperature: 13.8°C No Ice
- Containers requiring zero headspace have no headspace or bubble that is <6mm (1/4"). Yes No No VOA vials submitted
- Water - pH acceptable upon receipt? Yes No Not Applicable

Standard Reporting Procedures:

Lab measurement of analytes considered field parameters that require analysis within 15 minutes of sampling such as pH, Dissolved Oxygen and Residual Chlorine, are qualified as being analyzed outside of recommended holding time.

Solid/soil samples are reported on a wet weight basis (as received) unless specifically indicated. If moisture corrected, data units are typically noted as –dry. For agricultural and mining soil parameters/characteristics, all samples are dried and ground prior to sample analysis.

The reference date for Radon analysis is the sample collection date. The reference date for all other Radiochemical analyses is the analysis date. Radiochemical precision results represent a 2-sigma Total Measurement Uncertainty.

Contact and Corrective Action Comments:

None



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Chain of Custody (COC) & Analytical Request Record

Lab Workorder #: B23090695

Project Information

Client: Fort Smith Water and Sewer Dist
 Project: MT0004765
 Purchase Order: Josh McCraw
 Contact/Phone: (662) 419-7200

Comments: Monthly PWS Bacteria

Laboratory Use

Quote: N/A
 BO#: 172831-S
 EE#: 49696
 Turn-Around Time: Standard

Critical Hold Time: 30 Hours
 # of Samples: 1
 Matrix: Drinking Water



Analysis Requested

| Hold Time (Days) | Analysis Requested | | |
|--|--------------------|----|---|
| | 1.25 | | |
| Residual Chlorine (circle one) | | | |
| Total / Free (ppm) | | | |
| # of Containers | 1 | DW | X |
| Matrix | | | |
| FP/State Compliance | | | X |
| Bacteria, Public Water Supply (A923 B) | | | X |

| Public Water Supply (PWS) Required System Information | | |
|---|-----------|------------------|
| PWS System ID | MT0004765 | PWS Facility ID |
| | | DS001 |
| | | PWS Sample Pt ID |
| | | SP001 |

*Please fill in the Sample Type below using one of the acceptable sample types for Public Water Bacteria Samples

| R=Routine | RP=Repeat | S=Special | GWR=Groundwater Rule | Sample Identification | Samp Type* | Collection Date/Time |
|-----------|-----------|-----------|----------------------|-----------------------|------------|----------------------|
| | | | | | R | 9-11-23 9:25 |
| 1 | | | | S6 | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | |

Lab provided preservatives were used Yes NO

| Custody Record MUST be signed | | Sampler Name (if different than Relinquished by): | | Sampler Phone: | |
|-------------------------------|-------------|---|-------------|----------------|-------------|
| Relinquished by (print) | Signature | Received by (print) | Signature | Date/Time | Signature |
| Josh McCraw | [Signature] | Received by Laboratory (print) | Signature | 11/23 11:55 | [Signature] |
| Relinquished by (print) | Signature | Received by Laboratory (print) | Signature | 11/23 11:55 | [Signature] |
| | | Gilbert A. | [Signature] | | |